

# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD APPROVED

## Insurance Requirement

ACCOUNTS PAYABLE WILL HOLD UP ALL CONTRACT PAYMENTS UNTIL ALL INSURANCE CERTIFICATES/POLICIES REQUIRED UNDER THE CONTRACT HAVE BEEN RECEIVED. CONTRACTORS SHOULD BE MADE AWARE OF THIS REQUIREMENT.

OCT 28 2014

CHANGE ORDER # 2

STANDARD PO NUMBER

CONTRACT PO NUMBER 2852020

TYPE OF CONTRACT: (Check One)

- ☐ CONSTRUCTION/DEMOLITION ☐ LEASE ☐ DEED  
☒ PROFESSIONAL SERVICES

DEPARTMENT HEAD'S SIGNATURE

*[Signature]*

DEPARTMENT  
INFORMATION  
TECHNOLOGY  
SERVICES  
DEPARTMENT

FUNDING SOURCE (Percent)

FEDERAL % STATE % CITY 100% OTHER %

DEPARTMENT CONTACT PERSON  
JANICE A. EVANS

PHONE NO.  
313-224-2908

CONTRACTOR'S NAME: THE OAS GROUP, INC.

DATE PREPARED  
AUG. 28, 2014

CONTRACTOR'S ADDRESS: 1748 NORTHWOOD, TROY,  
MICHIGAN 48084

ENGINEER'S ESTIMATE ☐ CONTRACT ☒ CHANGE ☐

TOTAL CONTRACT AMOUNT \$9,000,000.00

TOTAL CPO AMOUNT \$6,500,000.00

CHANGE AMOUNT \$2,500,000.00

PHONE NO. 313-965-1110

☒ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL

FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 38-2800745

MINORITY FIRM ☐ YES ☒ NO

PURPOSE OF CONTRACT: TO PROVIDE PC, PERIPHERAL EQUIPMENT AND SERVICES.

CHARGE ACCOUNT:

- - - - - See attached  
Variety of depts - as requested.

TIME & DATE IN

APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER

TIME & DATE IN

REQUESTING DEPARTMENT

*[Signature]*

AUTHORIZED DEPARTMENT REPRESENTATIVE

BUDGET

- ☒ RECOMMEND APPROVAL  
☐ RECOMMEND DENIAL

*[Signature]*

BUDGET DIRECTOR OR DEPUTY

GRANT MANAGEMENT SECTION

- ☐ RECOMMEND APPROVAL  
☐ RECOMMEND DENIAL

GRANT ACCOUNTANT

FINANCE DEPARTMENT

- ☒ RECOMMEND APPROVAL  
☐ RECOMMEND DENIAL

*[Signature]*

FINANCE DIRECTOR OR DEPUTY

LAW DEPARTMENT

- ☒ RECOMMEND APPROVAL  
☐ RECOMMEND DENIAL

CORPORATION COUNSEL

PURCHASING DIVISION

PURCHASING DIRECTOR

CITY OF DETROIT CONTRACTS SECTION LAW DEPARTMENT  
CITY COUNCIL APPROVAL JCC REFERENCE: PAGE DATE

**Detroit City Council**  
**Legislative Policy Division**

TO: Purchasing Division Staff  
FROM: David Teeter  
DATE: October 22, 2014

RE: **PURCHASING ITEMS APPROVED BY THE CITY COUNCIL**

**There were no contracts approved on October 14, 2014, that were Reconsidered**

*The following contracts and purchase orders were reported to the City Council, by the Standing Committee, at the Regular Session of October 21, 2014 and **APPROVED.***

**Reported by the Budget, Finance and Audit Committee:**

2896481	Plante & Moran	\$675,000	FINANCE
Submitted in the List and Referred October 14, 2014.			

**Reported by the Internal Operations Committee:**

2898787	American Sprinkler	\$450,000	GENERAL SERVICE
Submitted in the List and Referred October 14, 2014.			
2852020	The OAS Group	\$2,500,000	INFORM. TECH.SERVICES
Submitted in the List and Referred October 14, 2014.			
86983	Derek Miller	\$27,000	INSPECTOR GENERAL
Submitted in the List and Referred October 14, 2014; Approved with <b><i>WAIVER.</i></b>			
86962	Dennis Black (Cushingberry)	\$2,640	CITY COUNCIL
Submitted by Special Letter and place on New Business; Approved with <b><i>WAIVER.</i></b>			
2899526,Emg.Prcmt.	J-Mac Tree and Debris	\$45,478.40	GENERAL SERVICE
Submitted by Special Letter, Oct. 20, 2014; Walked-On to Replace PO 2897014.			
2899584,Emg.Prcmt.	Tree Man Services	\$23,630.20	GENERAL SERVICE
Submitted by Special Letter, Oct. 13, 2014; Walked-On to Replace PO 2897312.			
2899589,Emg.Prcmt.	All Metro Tree Services	\$14,202.10	GENERAL SERVICE
Submitted by Special Letter, Oct. 13, 2014; Walked-on to Replace PO 2897313.			

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of October 21, 2014

Page 2

*The following contracts and purchase orders were reported to the City Council, by the Standing Committee, at the Regular Session of October 21, 2014 and **APPROVED.***

**Reported by the Neighborhood and Community Services Committee:**

2894525	Nelson Iron Works (Shed 5,East.Mkt)	\$195,330.98	RECREATION
Submitted in the List and Referred October 14, 2014.			

**Reported by the Planning and Economic Development Committee:**

2896314	United Community Housing	\$100,000	PLANNING & DEVELOPMT
Submitted in the List and Referred October 14, 2014; Approved with <b><i>WAIVER.</i></b>			

**Reported by the Public Health and Safety Committee:**

2893989	QOE Consulting	\$92,790	AIRPORT
Submitted in the List and Referred October 7, 2014.			

2897736	T & N Services	\$55,695	FIRE
Submitted in the List and Referred October 7, 2014.			

86952	Michael Lehto (Academy Instructor)	\$20,160	POLICE
Submitted in the List and Referred October 7, 2014; Approved with <b><i>WAIVER.</i></b>			

2898225	Detroit Employment Solutions	\$195,062	BUILD.SAFE.ENG.&ENVIRON.
Walked-on to Committee Meeting of Oct. 20, 2014; Moved to New Business.			

2897829	Bill Snethkamp (105 vehicles)	\$4,843,396	POLICE
Submitted in the List and Referred Oct. 7, 2014;			
Correction to funding source (QOL) and cost submitted for referral Oct. 21; Moved to New Business.			

*The following contract was reported to the City Council, at the Regular Session of October 21, 2014 by the Committee and **TABLED FOR 1 WEEK.***

**Reported by the Internal Operations Committee:**

2898282	Dan's Tree & Landscape	\$400,000	GENERAL SERVICE
Submitted in the List and Referred September 30, 2014; Union issues / privatization.			

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of October 21, 2014

Page 3

*The following contracts were submitted to the City Council and referred to the Indicated Standing Committee; at the Meeting of October 21, 2014 were **WITHDRAWN**.*

**Referred to Internal Operations Committee**

2897014,Emg.Prcmt.	J-Mac Tree and Debris	\$400,000	GENERAL SERVICE
Submitted in the List and Referred September 9, 2014; Replaced with PO 2899526.			

2897312,Emg.Prcmt.	Tree Man Services	\$400,000	GENERAL SERVICE
Submitted in the List and Referred September 9, 2014; Replaced with PO 2899584.			

2897313,Emg.Prcmt.	All Metro Tree Services	\$400,000	GENERAL SERVICE
Submitted in the List and Referred September 9, 2014; Replaced with PO 2899589.			

*The following contracts were **REFERRED** on October 21, 2014 to the indicated Standing Committee for consideration and report to the City Council.*

**Referred to Budget, Finance and Audit Committee**

No Contracts Referred

**Referred to Internal Operations Committee**

2899280	Insight Public Sector	INFORM.TECH.SERVICES
86980	Dennis Sawinska	GENERAL SERVICES
86984	Donald L. Benson	GENERAL SERVICES
86985	Kevin M. Garcia	GENERAL SERVICES
86995	Charles J. Holley, Jr.	MAYOR'S OFFICE
86992	Carol O'Cleireacain	MAYOR'S OFFICE

*Indicated to be approved by Emergency Manager*

**Referred to Neighborhood and Community Services Committee**

No Contracts Referred

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of October 21, 2014

Page 4

*The following contracts were **REFERRED** on October 21, 2014 to the indicated Standing Committee for consideration and report to the City Council.*

**Referred to Planning and Economic Development Committee**

2895984	Detroit Police Athletic League	PLAN. & DEVELOPMT.
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**Referred to Public Health and Safety Committee**

2899027	Detroit Salt	TRANSPORTATION
86966	Robert B. Dunne, MD	FIRE
86953	Walter Lee Brown (Victim Serv.)	POLICE
86954	Frank Miles (Victim Serv.)	POLICE
86956	Keith Dawson (Auto Theft)	POLICE
86957	David Jakeway (Auto Theft)	POLICE
86958	Dianne Benners (Auto Theft)	POLICE
86959	Lavern Mack (Auto Theft)	POLICE

*The following items have been HELD for review, discussion or report to the Standing Committee.*

**Held in the Public Health and Safety Committee**

2897659	Wright Tools	\$53,000 / 1 year	TRANSPORTATION
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Submitted in the List and Referred September 23, 2014; Correction submitted, Approved Oct. 20.

## Zenola Holland - Re: #2852020-The OAS Group

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**From:** Janice Evans  
**To:** Holland, Zenola  
**Date:** 10/8/2014 10:33 AM  
**Subject:** Re: #2852020-The OAS Group

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Zenola,

We already covered this with Budget. There are no account numbers as of yet. This contract's purchases are based on needs of which we don't know until the a department makes a request. If there are no request then there are no purchases.

Currently ITS a need which does not cover the entire contract request. But you can use 1000-310050-000134-626302-00024-000000-A5020.

Janice A. Evans  
City of Detroit - Information Technology Services Dept.  
Contracts & Administration Div.  
1301 Third Street, Suite 426  
Detroit, Michigan 48226  
Office: (313) 224-2908  
Cell: (313) 580-1181  
Email: [EvansJ@detroitmi.gov](mailto:EvansJ@detroitmi.gov)

>>> Zenola Holland 10-08-2014 10:25 AM >>>  
Hello Ms. Evans

Thank you, received and looks good. Could you please send me an email with the account stream. On the contract it indicates a variety of departments. What I need are numbers of the accounts. I know you will be glad when we have everything for this contract. Sorry but I need that information.

Zenola Holland  
Purchasing Assistant  
City of Detroit-Finance Dept. Purchasing Division  
2 Woodward Ave., Ste. 1008  
Detroit, MI 48226  
Office: 313-224-9235  
Fax: 313-628-1160  
[hollandz@detroitmi.gov](mailto:hollandz@detroitmi.gov)

## Zenola Holland - Re: #2852020-The OAS Group

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**From:** Janice Evans  
**To:** Holland, Zenola  
**Date:** 10/3/2014 4:39 PM  
**Subject:** Re: #2852020-The OAS Group

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Good evening,

Items requested:

Bid Tabulations - there was none as he was the only vendor to return a bid.

Hiring Policy - on the way

Salvage Era Affidavit - in the back of the agreement.

Janice A. Evans  
City of Detroit - Information Technology Services Dept.  
Contracts & Administration Div.  
1301 Third Street, Suite 426  
Detroit, Michigan 48226  
Office: (313) 224-2908  
Cell: (313) 580-1181  
Email: [EvansJ@detroitmi.gov](mailto:EvansJ@detroitmi.gov)

>>> Zenola Holland 09-30-2014 10:29 AM >>>

Good Morning Ms. Evans

With respect to the above listed contract, there are several clearances missing and I will need them before I can proceed. Please forward to me as soon as possible.

Thank you.

Zenola Holland  
Purchasing Assistant  
City of Detroit-Finance Dept. Purchasing Division  
2 Woodward Ave., Ste. 1008  
Detroit, MI 48226  
Office: 313-224-9235  
Fax: 313-628-1160  
[hollandz@detroitmi.gov](mailto:hollandz@detroitmi.gov)

Michael E. Duggan, Mayor

**City Of Detroit**  
**Law Department**  
**-Contracts Section-**  
INTERDEPARTMENTAL MEMORANDUM

TO: Zenola Holland, Contracts Desk  
Purchasing Division, Finance Department

FROM: Thomas Cipollone  
Senior Assistant Corporation Counsel  
Direct Dial: (313) 237-3015

SUBJECT: EXPIRED DOCUMENTS - CONTRACT NUMBER: 2852020, Am. #2  
Vendor Name: The OAS Group, Inc.

DATE: 9-22-14

The documents checked below have expired, or are missing. Before this contract is placed on City Council's agenda, the department originating the contract must ensure that the documents identified below are current or have been renewed, and have been provided to the Purchasing Division of the Finance Department. The department originating the contract has been notified on the date listed below.

Thank you for your cooperation in this request.

CLEARANCES

\_\_\_\_\_ Property Tax                      \_\_\_\_\_ Income Tax  
\_\_\_\_\_ Human Rights                      \_\_\_\_\_ Other (Identify: \_\_\_\_\_)

INSURANCE

✓ The coverage required by this contract per the certificate of insurance furnished with this contract is missing or has expired as follows:

Entire Certificate: \_\_\_\_\_ General Liability: \_\_\_\_\_  
Professional Liability: \_\_\_\_\_ Excess Liability: \_\_\_\_\_  
Automobile: \* Workers Compensation: \_\_\_\_\_

Other (Identify) \* Needs "owned" auto insurance  
or a waiver

The departmental requestor was notified by this writer on 9-22-14.

cc: ITS Department - Attn: Janice Evans



01/11/12

## City Council Contract Agenda Items Review Checklist

Reviewer: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date: February 4, 2014 Department: Information Technology Services Dept. Division: Contracts & Administration

Dept Head/Contact Person: Charles Dodd Phone No.: 224-1774

Description: Procurement of Hardware/Software items. Contract No.: 2852020 PO Type: Prof Svc - CPO  
Est. Value: \$ \_\_\_\_\_

Contract Term (if applicable): January 1, 2014 to December 31, 2015

Funding: City 100% State \_\_\_\_\_% Federal \_\_\_\_\_% Other: \_\_\_\_\_%  
(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: OAS Group, Inc. Required Date: September 1, 2014

1. Is the product or service ESSENTIAL to department operations? ☒ Yes ☐ No

If "Yes" please explain why: It is essential to ITS and all Citywide agencies in that it enables the quick acquisition of needed computer hardware/software peripherals required to carry out various projects and day-to-day functions.

Consequence of not buying: The City will not be able to purchase needed equipment and maintenance agreements.

2. Was the product or service competitively bid? ☒ Yes ☐ No  
(Request copies of bid tabulation/evaluation score sheets as needed)

If the answer to #2 is "NO" explain why there was no competition:  
\_\_\_\_\_

3. Was a Co-Operative Agreement Considered? ☐ Yes ☐ No Co-Operative Name: Not Sure  
If answer to #3 is "No" explain why a Co-Op was not considered: \_\_\_\_\_

4. Were savings achieved? **Because items are procured on an as needed basis savings cannot be evaluated until the request is generated.**

☐ Yes Amount \$ \_\_\_\_\_ ☐ No  
Were additional savings requested? (10%) ☐ Yes ☐ No

5. Does the supplier currently provide other goods and services to the City? ☒ Yes ☐ No  
If yes please list: Desktop, laptops, server, and software packages.

01/11/12

6. The business being awarded is **renewal**

7. If #6 is a renewal provide justification for renewal: \_\_\_\_\_

If #6 is a increase/decrease does this represent:

☐ Variance in unit price only (Current unit price \$ \_\_\_\_\_ Suggest Unit Price \$ \_\_\_\_\_ )

☐ Change in amount/volume of the good or service to be used (no change in unit price)

8. Is this good/service used by other departments? ☒ Yes ☐ No

If "yes" can this req/par be combined other department requirements? ☐ Yes ☐ No

9. Is this a service that can be performed by City employees? ☐ Yes ☒ No

Is this a service that City employees can be trained to do? ☐ Yes ☒ No

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NOTES:

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☐

**PLACE ON CITY COUNCIL AGENDA**

☐

**REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: \_\_\_\_\_

DATE: August 28, 2014

INFORMATION PROVIDED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

**REVISED 7-12-2012**  
**COVENANT OF EQUAL OPPORTUNITY**  
**(Application for Clearance – Terms Enforced After Contract is Awarded)**

I, being duly authorized representative of the \_\_\_\_\_, (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) 2852020

Duration of Covenant Aug 28, 2014 - Aug 27, 2015

Printed Name of Contractor/Organization The OAS Group Inc  
(Type or Print Legibly)

Contractor Address: Troy, MI, 48064  
(City) (State) (Zip)

Contractor Phone/E-mail 248 2694050, emoh@oasgroup.com

Printed Name & Title of Authorized Representative Eric Mohr, Vice President

Signature of Authorized Representative \_\_\_\_\_

Date Aug 28, 2014

\*\*\* This document **MUST** be notarized \*\*\*

Signature of Notary: Jillian Zimmerman

Printed Name of Seal of Notary: Jillian Zimmerman

My Commission Expires: 04 / 11 / 2019

**JILLIAN ZIMMERMAN**  
NOTARY PUBLIC - MICHIGAN  
MACOMB COUNTY  
My Commission Expires 04/11/2019

FOR CONTRACTING DEPARTMENT USE ONLY:  
Date Rec'd: 8/28/14 Received by: [Signature] Title: Director

Please fax a copy of the notarized Covenant and Award Letter to the Human Rights Department (313) 224-3434

## REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: ITSD CONTACT: Justice Evans PHONE: 313-224-2908Type of Clearance: ☐ New☒ Renewal (Please submit 30 days prior to submitting bid or expiration date)

To:  
 A. City of Detroit  
 Income Tax Division  
 Coleman A. Young Municipal Center  
 2 Woodward Avenue, Ste. 512  
 Detroit, MI 48226

For:  
 Individual  
 or Company Name The OAS Group Inc

Address 1748 Northwood

Phone: (313) 224-3328 or 224-3329  
 Fax: (313) 224-4588

City TroyState MI Zip Code 48064Telephone 248-269-4050 Fax # 248-269-8988

B. Name of Chief Financial Officer/Authorized Contact  
 Person  
 (include address if different from above)

Erik MoirTelephone # 248-269-4050Fax # 248-269-8988

Employer Identification or Social Security Number

38-2800745

Spouse Social Security Number

Nature of Contract: ITS Hardware and Software Purchases BID/CONTRACT AMOUNT (if known):  
 Labor: \$ 0 Material: \$ 0  
 Contract # (if known) 2852020

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT  
 ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE

Check One: ☐ Individual ☒ Corporation ☐ Partnership

## INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) ☐ Yes ☒ No2. Are you a student, and/or claimed as a dependent on someone else's tax return? ☐ Yes ☐ No3. Were you employed during the last seven (7) years? ☐ Yes ☐ No4. Were you a resident of Detroit during the last seven (7) years? ☐ Yes ☐ No

## CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). ☐ Yes ☒ No6. Will the company have employees working in Detroit? ☐ Yes ☒ No7. Will the company use sub-contractors or independent contractors in Detroit? ☐ Yes ☒ No

## D. FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City Income Tax Ordinance?

☒ Yes ☐ No Signature \_\_\_\_\_ Date DEC 14 2013 Expires FEB 13 2015☐ Yes ☐ No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_☐ Yes ☐ No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT [www.ci.detroit.mi.us](http://www.ci.detroit.mi.us)

Ms. Jennings  
 313-224-1741  
 FAX

## PURCHASING DIVISION VENDOR CLEARANCE REQUEST

Submit to: Revenue Collections  
Purchasing Vendor  
1012 Coleman A. Young Municipal Center  
Detroit, MI 48226  
(313) 224 - 1849 (Telephone)  
(313) 224 - 4238 (Fax)

Nature of Contract PLs, Servers and Peripherals  
Contract Amount \$2,500,000 - Commencement to 2852020

Business Type: ☒ Corp ( ) Partnership ( ) Sole Proprietorship ( ) Personal Services

Business Name The OAS Group, Inc  
Business Address 1748 Northwood, Troy, MI 48064

Ward/Item # \_\_\_\_\_

F.I.D. NO. 38-2800745

City Personal Property I.D. # \_\_\_\_\_

Owner(s) Name Erik Mon

Owner(s) SS# 380-66-4928

Contact Person Erik Mon

Phone Number 248-269-4050

Fax Number 248-269-8988

Owner(s) Home Address 287 Mariner, G.P. Farms, MI 48236 ( ) Lease ( ) Own

Please do not write below this line for department use only.

Real Property Special Assessment Personal Property Other Receivable

( ) Denied ( ) Denied ( ) Denied ( ) Denied  
( ) Approved ( ) Approved ( ) Approved ( ) Approved

Comments: \_\_\_\_\_

**REVENUE COLLECTIONS  
APPROVED  
CONTRACT CLEARANCES**

Please mail, fax or drop off this Vendor Request Form to the Revenue Collection Unit at the address indicated above. You will be responsible for keeping the clearance and submitting a photocopy to Purchasing with your bid package.

Signature (City of Detroit) [Signature] Date AUG 20 2014

Expiration Date JAN 15 2015



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/27/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hartz Insurance Agency 1420 Broadway Suite 101 Detroit MI 48226		<b>CONTACT NAME:</b> Paula Trimble <b>PHONE (A/C No. Ext):</b> (313) 964-3750 <b>E-MAIL ADDRESS:</b> paula@hartzins.com <b>FAX (A/C No):</b> (313) 964-3850															
<b>INSURED</b> OAS GROUP, INC 1748 NORTHWOOD DR TROY MI 48084		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Sentinel Insurance Co LTD</td><td>11000</td></tr><tr><td>INSURER B: Michigan Insurance</td><td>10857</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Sentinel Insurance Co LTD	11000	INSURER B: Michigan Insurance	10857	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

**COVERAGES****CERTIFICATE NUMBER:** 14-15**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			35SBAVS6526	2/1/2014	2/1/2015	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
	EACH OCCURRENCE	\$ 1,000,000																			
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000																			
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PERSONAL & ADV INJURY	\$ 1,000,000																				
GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			35SBAVS6526	2/1/2014	2/1/2015	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																			
	BODILY INJURY (Per person)	\$																			
	BODILY INJURY (Per accident)	\$																			
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
	EACH OCCURRENCE	\$																			
	AGGREGATE	\$																			
	\$																				
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCJ0013193	2/1/2014	2/1/2015	<table border="1"><tr><td>WC STATUTORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000						
WC STATUTORY LIMITS	OTH-ER																				
E.L. EACH ACCIDENT	\$ 500,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 500,000																				
E.L. DISEASE - POLICY LIMIT	\$ 500,000																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Detroit is added as additional insured with respects to the general liability coverage per written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of Detroit  
Janice Evans - ITS  
1301 Third Street  
Detroit, MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John Mrsan, Jr./TERRY


## Hiring Policy Compliance Affidavit

I, Eric Moir, being duly sworn, state that I am the Vice President  
\_\_\_\_\_  
Title of The OAS Group, Inc.  
Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

  
\_\_\_\_\_  
Title: Vice President Date: 10-6-14

STATE OF Michigan )  
COUNTY OF Oakland ) SS

The foregoing Affidavit was acknowledged before me the 6th day of October 2014,  
by Jillian Zimmerman.

JILLIAN ZIMMERMAN  
NOTARY PUBLIC - MICHIGAN  
MACOMB COUNTY  
My Commission Expires 04/11/2019

Notary Public, County of Macomb  
State of Michigan  
My commission expires: 4/11/2019

# THE OAS GROUP, INC.

## APPLICATION FOR EMPLOYMENT

Application Revision: January 13, 2014

READ THIS APPLICATION THOROUGHLY BEFORE COMPLETING

**DO NOT REMOVE THIS APPLICATION FROM THE PREMISES.** You may **NOT** take this application home to fill out and you may **NOT** fill it out in your car.

**NOTICE TO APPLICANTS:** Federal and State law requires that all applicants be considered without regard to race, religion, color, sex, age, or national origin. We believe in and fully support the principle of Equal Employment Opportunity and the Americans with Disabilities Act, and will fulfill our obligation to the fullest.

**FOR THIS APPLICATION TO BE CONSIDERED, YOU MUST FILL IN ALL INFORMATION - PRINT CLEARLY. DO NOT LEAVE ANY AREAS BLANK WHETHER YOU HAVE A RESUME OR NOT. BE SURE TO EXECUTE ALL AREAS OF THIS APPLICATION WHERE YOUR SIGNATURE IS REQUIRED.**

DATE \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS \_\_\_\_\_  
(NUMBER) (STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

How Long Have You Lived At Your Present Address? \_\_\_\_\_ Years \_\_\_\_\_ Months

PREVIOUS ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

The Position You Are Applying For: \_\_\_\_\_

If Applying For Part Time Work, Specify Hours Desired By Day:

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

The Job for Which You Are Applying May Require Work on Saturdays, Sundays, Holidays and Evenings, Are You Willing To Work Such a Schedule? ( ) YES ( ) NO

Expected Starting Rate of Earnings: \$ \_\_\_\_\_ per hour  
\$ \_\_\_\_\_ per week

How Did You Hear Of This Position? \_\_\_\_\_

Have You Worked With Us Before? ( ) YES ( ) NO - If Yes, When/How Long? \_\_\_\_\_

Please Indicate Experience and Skills Which Especially Qualify You for the Position You Are Applying

For: \_\_\_\_\_

\_\_\_\_\_



2 Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Position (Job Title) \_\_\_\_\_

Dates (From - To) \_\_\_\_\_

What was the reason you were separated from this employer: check only one:

Voluntary Quit \_\_\_\_\_ Discharge for Cause \_\_\_\_\_ Lack of Work \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

3 Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Position (Job Title) \_\_\_\_\_

Dates (From - To) \_\_\_\_\_

What was the reason you were separated from this employer: check only one:

Voluntary Quit \_\_\_\_\_ Discharge for Cause \_\_\_\_\_ Lack of Work \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

4 Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Position (Job Title) \_\_\_\_\_

Dates (From - To) \_\_\_\_\_

What was the reason you were separated from this employer: check only one:

Voluntary Quit \_\_\_\_\_ Discharge for Cause \_\_\_\_\_ Lack of Work \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

What Do You Know About Our Company? \_\_\_\_\_

List any Friends or Relatives Working With Us Now \_\_\_\_\_

Questions in this area are to be answered only if the box in front of the question has been checked. A check indicates the information is needed for bona-fide job qualifications or other legally permissible reasons.

[ ] Do You Smoke? ( ) YES ( ) NO

[ ] Do you have a legal right to work in the U.S.? ( ) YES ( ) NO

[ ] Do you own your own car ? ( ) Yes ( ) No

[ ] What kind of Car do you drive ? Make \_\_\_\_\_ Year \_\_\_\_\_

[ ] What is your Driver's License Number? \_\_\_\_\_ State \_\_\_\_\_

[ ] What is the License Plate Number on your Car? \_\_\_\_\_ State \_\_\_\_\_

[ ] Are you over 18? ( ) Yes ( ) No (If no, hire is subject to minimum legal age verification)

[ ] Have you ever been bonded? ( ) Yes ( ) No

If YES, When: \_\_\_\_\_

[ ] Are you a notary public? ( ) YES ( ) NO

[ ] How many words per minute do you type? \_\_\_\_\_ WPM

[ ] What word processing software do you have experience with? \_\_\_\_\_

[ ] What other software are you familiar with? \_\_\_\_\_

[ ] What other hardware, phone systems or office procedures are you familiar with ? \_\_\_\_\_

[ ] Have you ever managed people ? ( ) Yes ( ) No

[ ] How many people have you managed or had reporting to you ? \_\_\_\_\_

[ ] Have you ever had to progressively discipline or discharge a subordinate ? ( ) Yes ( ) No

[ ] Are you willing to work from \_\_\_\_\_ AM to \_\_\_\_\_ PM minimum every day? ( ) Yes ( ) No

[ ] Are you willing to work through lunch when required? ( ) Yes ( ) No

APPLICANT: PLEASE READ AND SIGN BELOW

I am aware that this application does not in any way constitute a contract or agreement of any kind. I agree, and I am fully aware if I am employed that my employment and my compensation may be terminated at any time, with or without reason and with or without prior notice by either me or this employer. I am aware that no supervisor, manager, or other representative of this employer other than the President or Vice-President has any authority to enter into any employment agreement with me for any reason or for any specific period of time, or to make any agreement contrary to the foregoing provisions. I submit that the information provided by me in this application for employment is true and complete. I am aware that if I am employed any false, missing, or even misleading statements may be considered as reason for possible discipline up to and including immediate discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Time am/pm

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Name of Company Applying To

\_\_\_\_\_  
Witness

\_\_\_\_\_  
City State

\_\_\_\_\_  
Witness

## NOTICE OF AND RELEASE FOR SUBSTANCE ABUSE TESTING

### SUBSTANCE ABUSE POLICY

It is essential that all employees be alert and in full possession of their faculties when working. Substance abuse testing may be necessary to protect the safety of our work force, our work place, and the public. Impairment caused by drugs or alcohol may cause permanent injury or death. The purpose of this Substance Abuse Testing Policy is to prevent accidents and casualties in Company operations that result from impairment of employees from alcohol, illegal drugs and controlled substances, and to maintain high standards of conduct, safety, and job performance.

### NOTICE OF SUBSTANCE ABUSE TESTING

All individuals who apply and are being considered for employment with our Company may be tested for substance abuse before hire. Applicants may not be hired until after the successful completion of possible testing for substance abuse. Any substance abuse testing will be by urine and/or blood sample. If the first test is positive for any drug use, the sample will be tested a second time by another reliable method that is specific for the substance detected. Prior to the test, you will have an opportunity to provide information about all drugs and/or medication you have recently taken.

If, for any reason, applicants refuse to be tested and withdraw their application for employment, the reason for the applicant's decision will remain confidential. The test results of all individuals who test positive and are rejected for employment will remain confidential.

### RELEASE AND WAIVER OF ALL LIABILITY FOR SUBSTANCE ABUSE TESTING

I ("undersigned") have read, I am aware of, and I understand the Company's policy on substance abuse testing. I further am aware and understand that I may be required to provide a urine and blood sample for testing. I give my free and voluntary consent to the substance abuse testing and to the release of all test results and other information to the Company.

In signing this statement and in consideration of the right to be an applicant for hire with the Company, I, for myself, personal representatives, assigns, and heirs, hereby release and hold harmless (including attorney fees) the Company, its successors, assigns, subsidiaries and affiliates, officers, directors, agents, and employees, any employees from any and all liability for injuries to person, property, or reputation suffered by me as a result of any possible substance abuse test(s) and as a result of the release of the test results and other medical information to the Company.

Further, I warrant that the following statements are true and correct and I acknowledge that the Company has relied on them in giving the Undersigned consideration as an applicant for hire:

1. No oral representations, statements, or inducements apart from the foregoing written statements have been made to me.
2. I assume full responsibility and risk of injury to person, property, or reputation in connection with the substance abuse testing for consideration as an applicant for hire.
3. I declare that I am not currently taking any controlled narcotic substance whatever and do not use any illegal drugs, including marijuana, cocaine, or heroin.
4. I am aware, understand, and agree that positive findings for illegal drugs with subsequent confirmation will disqualify me for employment with the Company.

I have read this notice of and release for substance abuse testing. I am aware and understand what it say. By voluntarily signing below, I agree to it.

UNDERSIGNED: \_\_\_\_\_  
Signature of Applicant

Printed Name of Applicant: \_\_\_\_\_

\_\_\_\_\_ am/pm  
Date Time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name of Company Applying To:

\_\_\_\_\_  
City State

## EMPLOYEE OR AGENT NON-COMPETE AGREEMENT

In consideration for my employment and training with The OAS Group, Inc. (hereinafter referred to as the "company") in the business of providing Data Communication and Local Area Network Sales and Service and to provide for the mutual security and benefit of the company and its employees, the undersigned hereby agrees as part of his/her overall employment relationship (including any agency or outside contractor relationship, where applicable by law) to the following with respect to his/her future conduct:

1. I will faithfully perform the duties assigned to me to the best of my ability, devote my full and undivided time to the company's business, make such prompt, complete and accurate reports of my work and expenses as the company may require, promptly remit to the company all monies of the company coming into my possession and not engage nor be interested in any other business which detracts from or conflicts with my employment or agent duties.
2. During my employment with the company and at all times thereafter, I shall keep confidential within the company all information relating to the company's techniques, methods and mode of operations, including but not limited to names of, or information relative to, any past, present, or prospective customers of the company's business. Further, I shall keep confidential all trade secrets, client fees, and customer costs.
3. During my employment with the company and at all times thereafter, I shall keep confidential within the company all company records, papers, or information except in connection with the promotion of the company's business.
4. I expressly acknowledge and agree that all documents and tangible things generated in the course of my employment are the property of the company. Upon termination of employment, for any reason, I will deliver to the company such documents and tangible things including, without limitation, diaries, phone lists, documents containing customer lists, customer information, product information, pricing, information as to the source of services and financial information of the company or its customers.
5. If at any time within three years (3) after the termination of my employment with the company, for any reason, I directly or indirectly solicit and/or service, for myself or any other person, firm or corporation, any customer or identifiable prospective customer, of the company, I agree to immediately purchase from the company the good will associated with such customer or prospective customer. The price of said good will shall be an amount of cash equal to five (5) times the fee or cost of such customer's annualized contract, fee, cost, product, or agreement value.
6. I am aware that the company may, at its discretion, make advances to me, in such amounts and over such periods of time, as it sees fit. Such advances shall constitute loans to me and shall be deducted from commissions or salaries due to me. If, on the termination of my employment, advances made to me exceed commissions, and/or salaries earned, I agree to repay such excesses upon demand, as well as have part or all deducted from any monies, salaries, or wages the company may owe me.
7. I agree not to directly or indirectly solicit and/or service any employers within a 150 mile radius of any area I previously worked & represented the Company, for myself or for any other person, firm, or corporation, for a period of 2 years following my separation from the company.

Date	Time of Day	City	State	Zip
Employee/Agent Signature		Owner/Supervisor Signature		
Notary		Title		

Original to Employer, copy to Employee/Agent

## NON-DISCLOSURE AGREEMENT

In consideration of my employment with The OAS Group, Inc, or any of its subsidiaries or affiliated corporations (hereinafter individually or collectively called the "COMPANY"), or the continuance of such employment in the event I am already in the employ of the COMPANY at the time of execution hereof, and for the compensation paid to me for my services in the course of such employment, I hereby agree as follows:

1. That I will promptly and fully communicate, in writing, to the president/owner of the COMPANY, or its nominees, all inventions, discoveries, improvements, ideas and other contributions, whether or not patentable, copyrightable or otherwise protected in law, made or conceived or developed by me, either individually or jointly with another during the entire period of my employment by the COMPANY, relating or in any way appertaining to or connected with any of the matters which have been or during said period may become the subject of investigation of the COMPANY, or which relate in any manner to my work, the research or business of the COMPANY, or fields to which the business of the COMPANY may reasonably extend, or in which the COMPANY has been or during said period may become interested herein, individually and collectively referred to as "RIGHTS".
- 2 I hereby assign and transfer, and agree to assign and transfer, to the COMPANY and its nominees my entire right, title and interest to such inventions, discoveries, improvements, ideas and other contributions, and I will at all times during my employment with the COMPANY and after the termination of my employment for any reason, assist the COMPANY and its nominees in every proper way, but entirely at the COMPANY's expense, to obtain and maintain for its own benefit, patents, copyrights and other protection in any and all countries, for the above mentioned inventions and improvements, and when requested, I will execute all papers and do all things that may reasonably be required in order to protect and maintain the "RIGHTS" of the COMPANY or its nominees in such subject matter (herein "RIGHTS"), such inventions and improvements ("RIGHTS") to be and remain the property of the COMPANY or its nominees, whether or not patented.
- 3 I recognize that my work may involve receipt of confidential COMPANY technical and business information and in conformance with existing employee obligations, I will maintain strictly confidential during my employment all data and information, technical and business, of the COMPANY which I may originate or of which I learn during my employment with the COMPANY and which is of a confidential or secret nature such as product, service, concept, forms, idea, machine or process developments, whether or not patentable or non-patentable, manufacturing "know-how" and specifications, cost and pricing practices, forms, service techniques, customer lists, records of customers' requirements and usages, personnel records, company financial records, papers, catalogs, compilations of information, drawings, correspondence, recordings, stored data, tools, instruments and equipment, whether developed by me, individually or in conjunction with others, or by others, or which come into my possession or control during my employment, which relate to or are part of any of the COMPANY's technical or business matters, whether of a public or private nature, and I agree that said information is secret and confidential and the property of the COMPANY, to be held by myself in trust. I agree upon termination of my employment with the COMPANY for any reason whatever, that I will not take with me or remove documentary material of the COMPANY pertaining to such data and information or any record or copy thereof. Confidential information as herein referred to means information not generally known and proprietary to the COMPANY concerning the COMPANY's processes, services, and products, including information relating to research, development, manufacture, purchasing, accounting, engineering, marketing, merchandising, servicing, and selling. All information disclosed to me or to which I obtain access during the period of my employment, which I have reasonable basis to believe to be confidential information as herein described or which is treated by the COMPANY as being confidential information, shall be presumed to be confidential information.
4. I expressly agree that for a period of five (5) years after the termination of my employment with the COMPANY, for whatever reason, I will not disclose or use any of the data and information described in paragraph #3 above, unless I first receive written approval to do so from an authorized Executive of the COMPANY or unless said data and information becomes generally available to the public through the issuance of patents thereon or through the publication of articles fully describing the same or unless I discover and can establish by documents or publications that it was known publically before I originated or learned of the same at the COMPANY. I agree that during my employment I may originate or learn of such data or information through verbal, oral, or documentary means. I believe that the obligations in these paragraphs #3 and #4 are fair and reasonable and are essential for the protection and orderly management of the COMPANY. With respect to any such data and information which is in a physical or documentary form, it is agreed that the obligations in these paragraphs #3 and #4 are binding upon my heirs, personal representatives, and assigns and may be COMPANY,

5. For a period of (3) years after termination of my employment with the COMPANY, I expressly agree that I will not render services, directly or indirectly, to any person or organization which is engaged in or about to become engaged in, research on or development of or marketing, leasing or selling of any product, service, form, or processes of any person or organization which is the same as or similar to or competes with a product, service, form, or process upon which I have worked, to work or may work, in either a sales or non-sales capacity during my employment by the COMPANY, or about which I acquire confidential information.

6. I do herewith acknowledge that there is no outstanding agreement on my part to assign to any other party my rights as hereinbefore described, conceived, made, or developed by me after commencement of my employment with the COMPANY, except for those agreements of which I attach copies hereto. Further, I do not assert any interest in any rights of the nature set forth in paragraph #1 herein that were conceived, made, developed, or otherwise acquired by me prior to my employment with the COMPANY, except as disclosed by attachment hereto. I also agree not to reveal to the COMPANY any confidential information of any other party to the extent I am obligated to retain such information in confidence.

7. No provision herein shall be construed to grant to any employee any rights with respect to his future employment by the COMPANY or his retention as an employee. The services of employee may be terminated at any time per COMPANY policies.

8. If any portion of this agreement shall be found to be invalid by a court of competent jurisdiction, such invalidity shall not affect the remaining portions of this agreement which are declared to be severable. ALL OF THE INFORMATION SECURED BY THE EMPLOYEE DURING HIS/HER EMPLOYMENT WITH THE COMPANY SHALL BE REGARDED AS MADE AND HELD BY HIM IN A FIDUCIARY CAPACITY IN TRUST, SOLELY FOR THE BENEFIT OF THE COMPANY AND IS THE SOLE AND EXCLUSIVE PROPERTY OF THE COMPANY.

9. This agreement shall be construed in accordance with the laws of the State wherein it has been executed.

IN WITNESS WHEREOF, the COMPANY has caused its name to be subscribed by its duly authorized officer and the employee has hereunto signed his/her name on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I the undersigned employee/agent have read this agreement, I am aware of it, I understand it, and hereby agree and consent to all of its provisions.

\_\_\_\_\_  
Employee / Agent

\_\_\_\_\_  
Witness

The OAS Group, Inc.  
Company Name

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Title

CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 2  
TO  
CONTRACT NO. 2852020

**THIS AMENDMENT AGREEMENT NO. 2** is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its Information Technology Services Department ("**City**"), and OAS Group, Inc., a Michigan Corporation, with its principal place of business located at 1748 Northwood, Troy, Michigan ("**Contractor**").

**WHEREAS**, the *City* has engaged the *Contractor* to provide certain services ("*Services*") to the *City*; and

**WHEREAS**, the *City* and the *Contractor* have entered into a *Contract* reflecting the terms and conditions governing the subject engagement; and

**WHEREAS**, Article 17 of the *Contract* permits the parties to amend the *Contract* by mutual agreement; and

**WHEREAS**, it is the mutual desire of the parties to enter into this *Amendment* to amend the *Contract* to extend the term of the *Contract* and to provide increased compensation to pay for *Services* performed pursuant to the extension of the *Contract*.

**NOW THEREFORE**, in consideration of the foregoing, and the benefits to accrue to the parties and to the public from this *Amendment*, the parties agree that this *Contract* is amended as follows:

**I. PURPOSE OF AMENDMENT 2**

**1.01** The purpose of this Amendment is to increase the contract amount for Technical Resources provided under the original Contract by \$2,500,000 and extend the contract period to November 30, 2015

**II. AMENDMENT TO ARTICLE 7, COMPENSATION**

**2.01** Section 7.01 of the *Contract* is amended by deleting the existing language and by substituting the following language in its place. The maximum amount of compensation

for the complete and proper performance of the *Services* under this *Contract* is increased by this Amendment by **Two Million Five Hundred Thousand and 00/100 dollars (\$2,500,000.00)**, from **Six Million Five Hundred Thousand and 00/100 dollars (\$6,500,000.00)**, to an amount not to exceed **Nine Million and 00/100 dollars (\$9,000,000.00)**.

### **III. AMENDMENT TO EXHIBIT B -- FEE SCHEDULE**

- 3.01** Subsection (a) of Section **I. General** of *Exhibit B* is amended by deleting the existing language and by substituting the following language in its place.

The *City* shall pay the *Contractor* a total amount not to exceed **Nine Million and 00/100 dollars (\$9,000,000.00)** for the term of the *Contract*, inclusive of expenses, for *Services* performed pursuant to the *Contract*.

### **IV. EFFECT OF AMENDED TERMS**

### **ON THE REMAINING PROVISIONS**

### **OF THE CONTRACT**

- 4.01** With the exception of the provisions of the *Contract* specifically contained in this *Amendment*, all other terms, conditions and covenants contained in the *Contract* shall remain in full force and effect and as set forth in the *Contract*.

### **V. PAYMENT AUTHORIZATION**

- 5.01** The Finance Director of the *City* shall not authorize any payment pursuant to this Amendment until the Amendment has been approved by resolution of the *Detroit City Council*, all appropriate departmental approvals have been obtained and this *Amendment* has been executed by the Purchasing Director for the *City*.

\*\*\*\*\*



## SIGNATURE PAGE

IN WITNESS WHEREOF, the *City* and the *Contractor*, by and through their duly authorized officers and representatives, have executed this *Contract* as of the dates of their respective signatures:

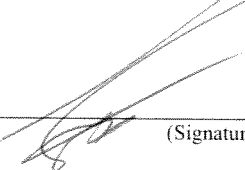
### WITNESSES:

1.

  
(Signature)

FRAN BARTLEY  
(Print Name)


2.

  
(Signature)

SHEILA LARGE  
(Print Name)

### CONTRACTOR:

BY:

  
(Signature)

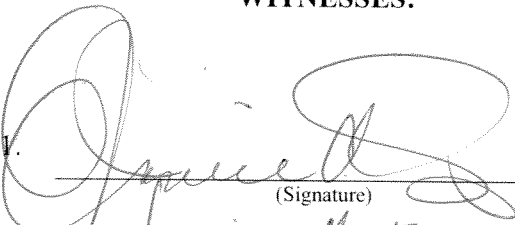
ERIK MOIN  
(Print Name)

ITS:

VICE-PRESIDENT  
(Title)

### WITNESSES:

1.

  
(Signature)

Arice A. Evans  
(Print Name)

2.

  
(Signature)

Marguete Vaughn  
(Print Name)

### CITY OF DETROIT

### INFORMATION TECHNOLOGY SERVICES DEPARTMENT

BY:

  
(Signature)

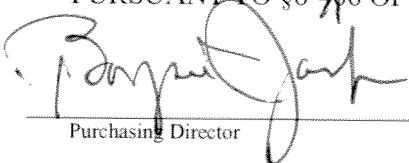
Charles Dodd  
(Print Name)

ITS:


Director  
(Title)

THIS CONTRACT WAS APPROVED BY LAW DEPARTMENT BY THE CITY COUNCIL ON  
PURSUANT TO §6-406 OF THE CHARTER OF THE CITY OF DETROIT

OCT 21 2014

  
Purchasing Director

10/24/14  
Date

  
Corporation Counsel

9/23/14  
Date

THIS CONTRACT IS NOT VALID OR AUTHORIZED UNTIL APPROVED BY RESOLUTION OF  
THE CITY COUNCIL AND SIGNED BY THE PURCHASING DIRECTOR.

CITY ACKNOWLEDGMENT

STATE OF Michigan )  
 )SS.  
COUNTY OF Wayne )

The foregoing contract was acknowledged before me the 28 day of August 2014,  
by Charles Dodd

(name of person who signed the contract)

the Director

(title of person who signed the contract as it appears on the contract)

of Information Technology Services Department

(complete name of City department)

on behalf of the City.

Notary Public, \_\_\_\_\_ County,  
State of \_\_\_\_\_  
My commission \_\_\_\_\_  
expires: \_\_\_\_\_



# CORPORATE ACKNOWLEDGMENT

STATE OF Michigan )

COUNTY OF Oakland )SS.

The foregoing contract was acknowledged before me the 21 day of August 2014,

by ERIK MOIN 

(name of person who signed the contract)

the VICE-PRESIDENT

(title of person who signed the contract as it appears on the contract)

of THE OAS GROUP, INC

(complete name of the corporation)

on behalf of the Corporation.

Jillian Zimmerman

Notary Public, County of Macomb

State of Michigan

My commission expires: 4/11/2019

JILLIAN ZIMMERMAN  
NOTARY PUBLIC - MICHIGAN  
MACOMB COUNTY  
My Commission Expires 04/11/2019

## **DIVISION 7. SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE.**

### **Sec. 18-5-91. Scope.**

- (a) This division shall apply to each contractor for goods or services with which the *City* enters into a contract, whether or not the contract is subject to competitive bid.
- (b) Each contractor shall be responsible for searching and disclosing records of the entity which proposes to enter into a contract with the *City* as well as all records of any predecessor entity that are within the possession or knowledge of the contractor regarding records of Investments or profits from the slave Industry, including records of any insurance policies issued to slave holders which provided coverage for injury, death, or other loss related to slaves who were held during the slavery era in the *United States*.

### **Sec. 18-5-92. Affidavit of disclosure required.**

- (a) As part of its contract package, each contractor with which the *City* enters into a contract shall submit to the *Finance Department Purchasing Division* prior to the submission to *City Council* or approval of such contract, an affidavit that discloses the information indicated in Subsection (b) and (c) of this section. The affidavit shall be on a form provided by the *Finance Department Purchasing Division*.
- (b) The affidavit shall verify that the contractor has searched all records of the entity which proposes to enter into a contract with the *City*, as well as all records of any predecessor entity, that are within the possession or knowledge of the contractor regarding records of investments or profits from the slave industry, including records of any insurance policies issued to slave holders which provided coverage for injury, death, or other loss related to slaves who were held during the slavery era in the *United States*.
- (c) The affidavit shall disclose any information discovered during the search regarding investments or profits from slavery or slave holder insurance policies which accrued to the current entity or to any predecessor entity, including the names of any slaves or slave holders that are described in such records or are otherwise within the knowledge of the contractor.

### **Sec 18-5-93. Voidability of contract.**

- (a) Failure to comply with this division shall render the contract voidable by the *City*.
- (b) A determination to void the contract for failure to comply with this division shall be made by the *Director* of the *Finance Department* at any time after reviewing, or become aware of, information which indicates that a contractor has failed to comply with this division.

**Sec 18-5-94—18-5-100. Reserved.**

**Section 2.** All ordinances or parts of ordinances that conflict with this ordinance are repealed.

**Section 3.** This ordinance is declared necessary for the preservation of the public peace, health, safety, and welfare of the *People* of the *City of Detroit*.

**Section 4.** In the event that this ordinance is passed by a two-thirds majority of *City Council Members* serving, it shall be given immediate effect and shall become effective upon publication in accordance with Section 4-116 of the 1997 *Detroit City Charter*. Where this ordinance is passed by less than a two-thirds (2/3) majority of *City Council Members* serving., it shall become effective no later than thirty (30) days after enactment, or on the first business day thereafter in accordance with Section 4-115 of the 1997 *Detroit City Charter*.

(J.C.C.p.     )	May 5, 2004
Passed:	June 23, 2004
Published:	July 19, 2004
Effective:	July 19, 2004
JACKIE L. CURRIE, City Clerk	

**CITY OF DETROIT  
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT**

1. Name of Contractor: THE OAS GROUP, INC
2. Address of Contractor: 1748 NORTHWOOD, TROY, MI 48064
3. Name of Predecessor Entities (if any): \_\_\_\_\_
4. Prior Affidavit submission? ☒ No \_\_\_\_\_ Yes, on: \_\_\_\_\_  
(Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. ☒ Contractor was established in 1988 (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.
- ☒ Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.
- \_\_\_\_ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).
6. I declare that the representations made in this *Affidavit* are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the *City of Detroit*. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the *City of Detroit*.

ERIK MOIN (Printed Name) VICE-PRESIDENT (Title)  
[Signature] (Signature) 8-21-2014 (Date)

Subscribed and sworn to before me

this 21st day of August, 2014

Notary Public, macomb County, Michigan

My Commission expires: 4/11/2019

Jillian Zimmerman

JILLIAN ZIMMERMAN  
NOTARY PUBLIC - MICHIGAN  
MACOMB COUNTY  
My Commission Expires 04/11/2019

PLEASE NOTE THAT THE PERSON WHO SIGNS THE CONTRACT ON BEHALF OF YOUR ENTITY MUST BE ONE OF THE INDIVIDUALS LISTED BELOW AS A PERSON AUTHORIZED TO EXECUTE CONTRACTS IN THE NAME OF AND ON BEHALF OF THE ENTITY.

**RESOLUTION OF CORPORATE AUTHORITY**

ERIK MOIN, Corporate Secretary of  
(name of corporate secretary)  
THE OAS GROUP, INC., a MICHIGAN  
(complete name of corporation) (State of Incorporation)  
corporation (the "Company"), **DO HEREBY CERTIFY** that the (non-profit or for profit) following is a true  
and correct excerpt from the minutes of the meeting of the Board of Directors duly called and held on  
8-21-2014, and that the same is now in full force and effect:  
(date of meeting)

"**RESOLVED**, that the Chairman, the President, each Vice President, the Treasurer, and the Secretary and each of them, is authorized to execute and deliver, in the name of and on behalf of the Company and under its corporate seal or otherwise, any agreement or other instrument or document ("Contract") in connection with any matter or transaction that shall have been duly approved; and the execution and delivery of any Contract by any of the aforementioned officers shall be conclusive evidence of such approval."

**FURTHER, I CERTIFY** that

<u>BRAD FRAZER</u>	is Chairman,
<u>ERIK MOIN</u>	is President,
<u>BRAD FRAZER</u>	is (are) Vice President(s),
<u>ERIK MOIN</u>	is Treasurer,
	is Secretary,
	is Executive Director, and
	is

FURTHER, I CERTIFY that any of the aforementioned officers or employees of the Company are authorized to execute and commit the company to the conditions, obligations, stipulations and undertaking contained in the contract number (**2852020**) between the City and the above-referenced corporation and that all necessary corporate approvals have been obtained in relationship thereto.

**IN WITNESS THEREOF**, I have set my hand this 21 day of August, 2014.

CORPORATE SEAL  
(if any)

[Signature]  
Corporation Secretary